Mr. Speaker, an earlier version of this important bill passed the House as part of a border security measure in December 2005. Furthermore, the language of this bill also appears in fiscal year 2007 DHS authorization measure that passed the Committee on Homeland Security in July 2006.

This bill requires the DHS's Inspector General to immediately and automatically review any Secure Border Initiative contract valued at more than $20 million. This review necessarily entails examining the cost requirements, performance objectives, and program timelines set by the Department for the SBI project and requires an assessment of the inclusion of small, minority and women-owned businesses in any subcontracting plans.

The Inspector General's review must be completed within 60 days after its initiation and reported to the Secretary of DHS. Within 30 days of receiving the Inspector General's report, the Secretary of DHS must submit to the Committee on Homeland Security a report on the Inspector General's findings and the corrective action plan the Secretary has taken and plans to take.

This automatic triggering of oversight by the Inspector General for contracts greater than $20 million is critical to minimize the waste, abuse, and fraud, which unfortunately has plagued many of DHS's contracts. In addition, this review will occur during the pendency of the project rather than at its termination to minimize waste and ensure redemptive steps are taken expeditiously. The Inspector General's findings will include cost overruns, delays in contract execution, lack of rigorous Department contract management, insufficient Department financial oversight, limitations on small business participation, and other high risk business practices.

Moreover, this bill requires that the Inspector General assess the inclusion of small, minority and women-owned businesses in the SBI subcontracting plans as a factor in its review. Historically, small, minority and women-owned businesses have been disadvantaged in seeking and winning these types of contracts. There may be inherent disadvantages for these businesses, but it is clear their potential is tremendous. It is critical that DHS ensures that these businesses have the ability to compete fairly for these lucrative opportunities.

I am very proud that my district, Harris County and Houston ranks sixth and Texas ranks fifth in the country for the largest number of African-American owned firms, following New York, California, Florida, and Georgia. Minority and women-owned businesses across the country will appreciate the effort to preserve their opportunity to compete for these contracts. I encourage my colleagues to remember that there are a great many barriers to minority and women business professionals, and provisions such as these preserve equal access and open opportunities.

In the aftermath of Hurricanes Katrina, Rita and Wilma, small, minority and disadvantaged businesses from the region were shut out of disaster-related contracts because goals and preferences were not in place. Since the late 1960s, it has been the policy of the Federal Government to assist small businesses owned by minorities and women to become fully competitive, viable business concerns. As a result, the Small Business Administration has set forth government-wide goals to level the playing field for small and minority businesses seeking Federal Government contracts. Leveling the playing field continues to be a central concern for me and should continue to be a central concern for this Congress.

The oversight required in this bill is integral because SBInet is expected to be a $2.5 billion procurement and the contracts allocated through SBI will be substantial. For example, last week, DHS awarded a contract valued at $80 million to a team led by Boeing under the SBInet program. Furthermore, the predecessors to SBI—ISIS and American Shield—fell far short of expectations. The Department spent over $429 million and protected 4 percent of the border, which is about $100 million for every 1 percent of the border.

Similarly, the Inspector General has found that the Department's failure in these past programs has been due to poor planning, lax program management, inappropriate equipment purchases and spotty implementation.

This bill is the first step in requiring effective oversight. Realistically, effective oversight cannot be the sole province of Inspectors General. It is Congress's constitutional duty to conduct systematic oversight of the programs and activities of the executive branch. Just as the Department cannot contract out its responsibilities, neither can we.

Consequently, I urge my colleagues to support this important bill.

Mr. MEEK of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I think we have identified the true essence of this bill; and I think also that it is very, very important. I want to take from not only Ms. JACKSON-LEE but also Mr. ROGERS and Ranking Member BENNIE THOMPSON in saying in this area, when we look at management and oversight of one of the fastest-growing Departments and the largest Department in the history of the world, that we have to put these parameters in place because we have the responsibility of article I, section 1 of the U.S. Constitution to make sure that we have the level of oversight that is needed.

I think the record reflects for itself that when oversight is not paramount the taxpayers lose; and I hope, like Mr. THOMPSON said, that we can expand this kind of theme throughout other programs in the Department of Homeland Security.

Now, the people that are happy today are members on this committee and, hopefully, the Members when they vote for this piece of legislation. But the Inspector General is very happy because the Inspector General, especially in the Department of Homeland Security, writes these reports, submits them to Congress, and then there is a foot-dragging process at the Department of Homeland Security.

Within this piece of legislation within 30 days they have to respond as it relates to corrective action. And it would hopefully bring about the kind of accountability not only that we look for on the economic side, Mr. Speaker, but also look for as it relates to protecting our borders. Two programs before this program, well over $400 million, $429 million, was spent. We are going back again with a contract with a different company that would take us to $2.5 billion. We had the Secretary before the full committee just yesterday, or the day before last, and this was the line of my questioning. Because we do not want to be after the fact; we want to be before it.

So, Mr. Speaker, I encourage the Members to vote an affirmative on this very good piece of legislation; and hopefully, just hopefully, Mr. Speaker, we could head further into other contracting matters not only within the Department of Homeland Security but I would also add the Department of Defense and other departments like it so we can do away with waste and having individuals watching over the shoulders of individuals that may not hold the taxpayers' dollars as high as we do as it relates to accountability.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. ROGERS of Alabama. Mr. Speaker, I yield myself the balance of my time.

I would like to sum up by emphasizing that it is critically important for the Members to recognize that we need to put these kinds of accountability measures in place so that we can ensure that as we go forward with the massive expenditures we are going to make to secure our borders that we don't have a repeat of the waste, fraud, and abuse that we have seen in the past.

With that, Mr. Speaker, I urge an ''aye'' vote for H.R. 6162.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Alabama (Mr. ROGERS) that the House suspend the rules and pass the bill, H.R. 6162.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

CHILDREN'S HOSPITAL GME SUPPORT REAUTHORIZATION ACT OF 2006

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 5574) to amend the Public Health Service Act to reauthorize support for graduate medical education programs in children's hospitals.

The Clerk read as follows:

Senate amendment:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Children's Hospital GME Support Reauthorization Act of 2006''.

SEC. 2. PROGRAM OF PAYMENTS TO CHILDREN'S HOSPITALS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

(a) IN GENERAL.—Section 340E of the Public Health Service Act (42 U.S.C. 256e) is amended—

(1) in subsection (a), by inserting ''and each of fiscal years 2007 through 2011'' after ''for each of fiscal years 2000 through 2005'';

(2) in subsection (e)(1), by striking ''26'' and inserting ''12'';

(3) in subsection (f)(1)(A)—

(A) in clause (ii), by striking ''and'' at the end;

(B) in clause (iii), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following:

''(iv) for each of fiscal years 2007 through 2011, $110,000,000.''; and

(4) in subsection (f)(2)—

(A) in the matter before subparagraph (A), by striking ''subsection (b)(1)(A)'' and inserting ''subsection (b)(1)(B)'';

(B) in subparagraph (B), by striking ''and'' at the end;

(C) in subparagraph (C), by striking the period at the end and inserting ''; and''; and

(D) by adding at the end the following:

''(D) for each of fiscal years 2007 through 2011, $220,000,000.''.

(b) REDUCTION IN PAYMENTS FOR FAILURE TO FILE ANNUAL REPORT.—Subsection (b) of section 340E of the Public Health Service Act (42 U.S.C. 256e) is amended—

(1) in paragraph (1), in the matter before subparagraph (A), by striking ''paragraph (2)'' and inserting ''paragraphs (2) and (3)''; and

(2) by adding at the end the following:

''(3) ANNUAL REPORTING REQUIRED.—

''(A) REDUCTION IN PAYMENT FOR FAILURE TO REPORT.—

''(i) IN GENERAL.—The amount payable under this section to a children's hospital for a fiscal year (beginning with fiscal year 2008 and after taking into account paragraph (2)) shall be reduced by 25 percent if the Secretary determines that—

''(I) the hospital has failed to provide the Secretary, as an addendum to the hospital's application under this section for such fiscal year, the report required under subparagraph (B) for the previous fiscal year; or

''(II) such report fails to provide the information required under any clause of such subparagraph.

''(ii) NOTICE AND OPPORTUNITY TO PROVIDE MISSING INFORMATION.—Before imposing a reduction under clause (i) on the basis of a hospital's failure to provide information described in clause (i)(II), the Secretary shall provide notice to the hospital of such failure and the Secretary's intention to impose such reduction and shall provide the hospital with the opportunity to provide the required information within a period of 30 days beginning on the date of such notice. If the hospital provides such information within such period, no reduction shall be made under clause (i) on the basis of the previous failure to provide such information.

''(B) ANNUAL REPORT.—The report required under this subparagraph for a children's hospital for a fiscal year is a report that includes (in a form and manner specified by the Secretary) the following information for the residency academic year completed immediately prior to such fiscal year:

''(i) The types of resident training programs that the hospital provided for residents described in subparagraph (C), such as general pediatrics, internal medicine/pediatrics, and pediatric subspecialties, including both medical subspecialties certified by the American Board of Pediatrics (such as pediatric gastroenterology) and non-medical subspecialties approved by other medical certification boards (such as pediatric surgery).

''(ii) The number of training positions for residents described in subparagraph (C), the number of such positions recruited to fill, and the number of such positions filled.

''(iii) The types of training that the hospital provided for residents described in subparagraph (C) related to the health care needs of different populations, such as children who are underserved for reasons of family income or geographic location, including rural and urban areas.

''(iv) The changes in residency training for residents described in subparagraph (C) which the hospital has made during such residency academic year (except that the first report submitted by the hospital under this subparagraph shall be for such changes since the first year in which the hospital received payment under this section), including—

''(I) changes in curricula, training experiences, and types of training programs, and benefits that have resulted from such changes; and

''(II) changes for purposes of training the residents in the measurement and improvement of the quality and safety of patient care.

''(v) The numbers of residents described in subparagraph (C) who completed their residency training at the end of such residency academic year and care for children within the borders of the service area of the hospital or within the borders of the State in which the hospital is located. Such numbers shall be disaggregated with respect to residents who completed residencies in general pediatrics or internal medicine/pediatrics, subspecialty residencies, and dental residencies.

''(C) RESIDENTS.—The residents described in this subparagraph are those who—

''(i) are in full-time equivalent resident training positions in any training program sponsored by the hospital; or

''(ii) are in a training program sponsored by an entity other than the hospital, but who spend more than 75 percent of their training time at the hospital.

''(D) REPORT TO CONGRESS.—Not later than the end of fiscal year 2011, the Secretary, acting through the Administrator of the Health Resources and Services Administration, shall submit a report to the Congress—

''(i) summarizing the information submitted in reports to the Secretary under subparagraph (B);

''(ii) describing the results of the program carried out under this section; and

''(iii) making recommendations for improvements to the program.''.

(c) TECHNICAL AMENDMENTS.—Section 340E of the Public Health Service Act (42 U.S.C. 256e) is further amended—

(1) in subsection (c)(2)(E)(ii), by striking ''described in subparagraph (C)(ii)'' and inserting ''applied under section 1886(d)(3)(E) of the Social Security Act for discharges occurring during the preceding fiscal year'';

(2) in subsection (e)(2), by striking the first sentence; and

(3) in subsection (e)(3), by striking ''made to pay'' and inserting ''made and pay''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. DEAL) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. DEAL of Georgia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this legislation and to insert extraneous material on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Today, I rise in support of H.R. 5574, the Children's Hospital Graduate Medical Education Support Reauthorization Act of 2006, which is legislation to reauthorize the Children's Hospital Graduate Medical Education Payment Program for another 5 years.

Without question, Children's Hospitals are an integral part of this country's health care delivery system. They improve health outcomes by providing a unique set of specialized health care services and treatment options for children. The Children's Hospital Graduate Medical Education Payment Program is designed to provide financial assistance to children's teaching hospitals, which do not receive significant Federal support for their resident and intern training programs through Medicare because of their low Medicare patient volume.

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By reauthorizing this important but relatively young program, we are able to help ensure that the mission of these teaching hospitals is continued.

Mr. Speaker, I am proud to say that this legislation makes improvements to the program by strongly encouraging the participating hospitals to report important new data measures to the Department of Health and Human Services.

As my colleagues are aware, we originally considered this bill under suspension of the rules on June 21, and the legislation passed by a strong bipartisan vote of 421–4. We are here today to reconsider this legislation because the Senate passed this bill with an amendment by unanimous consent on Tuesday.

This legislation will keep the important reporting requirement reforms embodied in the House bill. I encourage my colleagues to support this bill today so that we can send this important legislation to the President for his signature.

I would like to thank the chairman of the Senate Health, Education, Labor and Pensions Committee, Senator ENZI of Wyoming, for his leadership and hard work in moving this bill through the Senate. I would like to thank the 20 members of the Energy and Commerce Committee who joined me as original cosponsors of the bill.

Mr. Speaker, I would also like to specifically commend Chairman DEBORAH PRYCE of Ohio and Chairman NANCY JOHNSON of Connecticut for their strong and continued leadership on this important issue.

I encourage my colleagues to support the legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

I also rise in support of H.R. 5574, the Children's Hospital GME Support Reauthorization Act of 2006. I do want to thank the ranking member of our health subcommittee, Mr. SHERROD BROWN, for his support on our side of the aisle. He was the person who really took the lead on this legislation.

The legislation, as you know, reauthorizes the Children's Hospital Graduate Medical Education program until 2011 to fund residency programs in Children's Hospitals. This program is designed to help Children's teaching hospitals that do not receive significant Federal support for their resident and intern training programs through the Medicare program because of their low volume of Medicare patients.

Full-service teaching hospitals receive funds for graduate medical education through Medicare payments, but prior to the enactment of this program, independent Children's teaching hospitals did not have a similar program to fund their resident training programs for physicians.

Thankfully, Congress recognized this inequity and the financial disadvantage it placed on Children's Hospital. Now, Mr. Speaker, money from this program helps to support the broad teaching goals of Children's teaching hospitals, including training health care professionals, providing rare and specialized clinical services, and innovative clinical care, providing care to the poor and underserved, and conducting biomedical research.

Teaching hospitals have higher costs than other hospitals because of the special services they provide. This legislation seeks to alleviate that burden. On June 21, 2005, the House overwhelmingly passed legislation authorizing $100 million a year for fiscal years 2007 through 2011, to offset direct medical education costs of graduate medical education in Children's Hospitals.

The Senate amended this legislation and increased that authorization for direct costs to $110 million a year for fiscal years 2007 through 2011.

The Senate also increased the funds authorized for the indirect medical education costs of graduate medical by $20 million, providing $220 million for fiscal years 2007 through 2011.

These commendable changes will provide needed funds to the Children's Hospital Graduate Medical Education program. Again, I want to thank the chairman who is here on the floor, our Republican chairman, Mr. DEAL, because this did end up being a bipartisan effort. I know you played a major role in making it a consensus bill. I urge all of my colleagues to support the legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I yield 4 minutes to the gentlewoman from Connecticut (Mrs. JOHNSON), a long-time supporter of this program.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I thank the gentleman from Georgia for yielding me time.

I rise in enthusiastic support of H.R. 5574, legislation that reauthorizes the Children's Hospital Graduate Medical Education program.

It is a little recognized fact that we support medical education through Medicare payments. And since there are not a lot of Medicare patients in Children's Hospitals, we found that we were providing inadequate support for the training of pediatricians, and especially as pediatrics became a specialty with the same spectrum of subspecialties as are common in the rest of medicine.

So in 1998 Congresswoman PRYCE from Ohio and I authored this program, and I really appreciate the good work of Chairman NATHAN DEAL from Georgia in bringing it to the floor with bipartisan support to reauthorize it for another 5 years.

When we first started this program, Federal GME support for Children's Hospitals was at .5 percent of what Medicare was providing for other teaching hospitals. Thanks to the legislation and the support over the years that Congress has given it, today Federal GME supports 80 percent of the cost of residencies in Children's Hospitals.

That is a wonderful thing, because as a result of that, Children's Hospitals have been able to increase the number of residents they train, including both general pediatricians and pediatric specialists, increase the number of training programs, improve the quality of the training programs, and strengthen the caliber of the residents they train.

The program works. It is improving the care available to our children across the country. The Children's GME Hospitals accounted for more than 80 percent of the growth in pediatric subspecialty training programs in the country, and more than 65 percent of the growth in the number of pediatric subspecialists trained. That has been critical at the time when many regions of the country, including major metropolitan areas, have experienced shortages of pediatric subspecialists: pediatric cardiologists, pediatric oncologists, and so it goes.

In Connecticut, the pediatric residency program at the University of Connecticut School of Medicine is currently training 57 residents at Connecticut's Children's Medical Center. These residents provide care to children in all hospital settings, including primary care, emergency care, inpatient care, critical care and subspecialty clinics.

Mr. Speaker, I want to thank my colleagues for authorizing this program for the full 5 years and recognize my colleague from Ohio, Congresswoman PRYCE, for her leadership in this work over the last 7 years. It has been a huge success for children across America, and we salute those hospitals that specialize in the complex care of children with very serious illnesses as we pass this legislation today.

Mr. PALLONE. Mr. Speaker, I have no additional speakers and yield back the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I have no other requests for time.

In closing, I would like to express my appreciation to Mr. PALLONE, who was an original cosponsor of this legislation. And it is true that we have made a bipartisan effort. I think that is the way we should do more things around here. I appreciate the cooperative spirit with which this bill has now moved through both bodies.

Ms. PRYCE of Ohio. Mr. Speaker, I rise today in support of H.R. 5574, legislation that will reauthorize and strengthen the children's hospital graduate medical education program.

I want to thank Chairman BARTON and Chairman DEAL for their commitment to prioritizing this important measure this year—it's been a great team effort and I appreciate the Committee's support for children's health.

I also want to extend a special thanks to Congresswoman NANCY JOHNSON of Connecticut. We've been strong partners over the years on children's health issues—enactment of Children's Hospital GME back in 1999 is one of my proudest moments working together.

We've had great success increasing the Federal investment in this program ever since—from Members on both sides of the aisle.

The Ohio delegation has helped lead the charge—in no small part thanks to the efforts of our esteemed Chairman of the Labor HHS Appropriations Subcommittee, RALPH REGULA.

I am extremely fortunate to have an extraordinary children's hospital in my hometown of Columbus, OH. Strong leadership, a clear vision, and a compassionate team of medical professionals has made Columbus Children's one of the best hospitals in the nation caring for sick children.

The CHGME program has helped the hospital—and hospitals all across America—do what they do best—provide the best training to doctors to deliver the best patient care possible. And we can all agree that our children deserve nothing short of the very best.

A vote in favor of H.R. 5574 will send it to the President's desk and reauthorize this important program for another 5 years. I urge my colleagues to support this measure.

Mr. DEAL of Georgia. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and concur in the Senate amendment to the bill, H.R. 5574.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the Senate amendment was concurred in.

A motion to reconsider was laid on the table.

RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT OF 2006

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6143) to amend title XXVI of the Public Health Service Act to revise and extend the program for providing life-saving care for those with HIV/AIDS, as amended.

The Clerk read as follows:

H.R. 6143

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,